

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of

Arizona  
(State)

Case number (if known):

Chapter 11

☐ Check if this is an amended filing

Official Form 205

**Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition is Filed**

**1. Chapter of the Bankruptcy Code**

Check one:

- ☐ Chapter 7  
☒ Chapter 11

**Part 2: Identify the Debtor**

**2. Debtor's name**

Gilbert Hospital, LLC

**3. Other names you know the debtor has used in the last 8 years**

Include any assumed names, trade names, or doing business as names.

**4. Debtor's federal Employer Identification Number (EIN)**

☐ Unknown

20-0382265  
EIN

**5. Debtor's address**

Principal place of business

Mailing address, if different

5656 South Power Road  
Number Street

Number Street

P.O. Box

Gilbert  
City

AZ 85295  
State ZIP Code

City State ZIP Code

Location of principal assets, if different from principal place of business

Maricopa  
County

Number Street

City State ZIP Code

Debtor

Gilbert Hospital, LLC

Case number (if known)

6. Debtor's website (URL)

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify:

8. Type of debtor's business

Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

☐ No

☐ Yes. Debtor

Florence Hospital at Anthem, LLC

Relationship

Affiliate

District

Date filed

MM/DD/YYYY

Case number, if known

13-03201 - BMW

Debtor

Florence Hospital at Anthem, LLC

Relationship

Affiliate

District

Date filed

MM/DD/YYYY

Case number, if known

18-04537

**Part 3:**

**Report About the Case**

10. Venue

Check one:

- ☐ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☒ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

☐ No

☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor

Gilbert Hospital, LLC

Case number (if known)

## 13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim  
above the value of  
any lien

<u>GH Unsecured Creditors Trust</u>	<u>Contract Obligation</u>	<u>\$60,000</u>
<u>Timothy Johns</u>	<u>409(a) Claim Administrative</u>	<u>\$1,689,103.75</u>
<u>Moses, Sellers &amp; Handreks</u>	<u>Claim, Post-Petition Wage</u>	<u>\$161,777</u>
	<u>Assignment of Pre-Petition</u>	<u>\$</u>
	<u>Claim</u>	<u>\$</u>
	<b>Total of petitioners' claims</b>	<b><u>\$1,910,880.75</u></b>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

## Petitioners or Petitioners' Representative

## Attorneys

## Name and mailing address of petitioner

GH Unsecured Creditors Trust  
 Name 40 Brinkman Portillo Park, APC  
4333 Park Terrace Dr., Ste 205  
 Number Street  
Westlake Village CA 91361  
 City State ZIP Code

## Name and mailing address of petitioner's representative, if any

David Grottel, Creditor Trustee  
 Name  
17000 Ventura Blvd., Ste 300  
 Number Street  
Encino CA 91316  
 City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

04/13/2018  
 MM / DD / YYYY

[Signature]  
 Signature of petitioner or representative, including representative's title

Daren R. Brinkman  
 Printed name

Brinkman Portillo Park, APC  
 Firm name, if any

4333 Park Terrace Dr., Ste 205  
 Number Street  
Westlake Village CA 91361  
 City State ZIP Code

(818)  
 Contact phone 597-2992 Email Firm@brinkmanlaw.com

Bar number 158698

State California

[Signature]  
 Signature of attorney

Date signed

4/12/2018  
 MM / DD / YYYY

Debtor

Gilbert Hospital, LLC

Case number (if any)

Name and mailing address of petitioner

Name Timothy Johns  
8020 E. Palm Lane  
Mesa AZ 85207  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name Keith L. Handnicks  
1850 N. Central Ave., Suite 1100  
Phoenix AZ 85004  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/13/2018  
MM / DD / YYYY

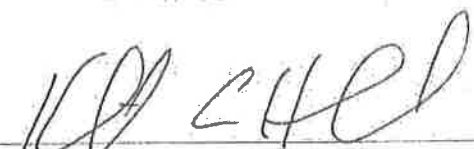
X   
Signature of petitioner or representative, including representative's title

Printed name Keith L. Handnicks  
Firm name, if any Moyes Sellers & Handnicks  
1850 N. Central Ave., Suite 1100  
Phoenix AZ 85004  
City State ZIP Code

Contact phone 602-604-2120 Email Khandnicks@law-msh.com

Bar number 012750

State AZ

X   
Signature of attorney

Date signed 4/13/2018  
MM / DD / YYYY

Name and mailing address of petitioner

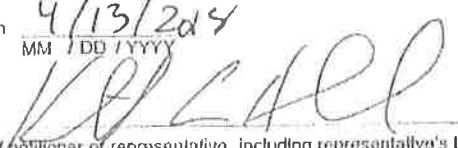
Name Moyes Sellers & Handnicks  
1850 N. Central Ave., Suite 1100  
Phoenix AZ 85004  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name Keith L. Handnicks  
1850 N. Central Ave., Suite 1100  
Phoenix AZ 85004  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/13/2018  
MM / DD / YYYY

X   
Signature of petitioner or representative, including representative's title

Printed name  
Firm name, if any  
Number Street  
City State ZIP Code  
Contact phone  
Email  
Bar number  
State

X  
Signature of attorney  
Date signed  
MM / DD / YYYY